

2011 - 2012

Adult Basketball

Registration Form

Office Use Only

Date: _____
 Fee Paid: _____
 Type: Credit Check #: _____
 Receipt #: _____
 Staff Initials: _____

Winter Registration

October 17 - 20
 8:30 am - 5:30 pm
 Entry Fee : \$400 (10 games)

Other Fees

\$24 Non-City Resident Fee
 \$50 Tournament Entry Fee

Team Name: _____

Name of Team to appear on schedule : (Max 8 Characters)

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Estimation of Skill Level : (circle one) Excellent Above Average Average Below Average No Skill

Sponsor's Name (If Applicable) : _____

Manager: _____

Address: _____ City: _____ Zip: _____

E-Mail (All correspondence will be via email - Write Clearly!) : _____

Phone (H): _____ Phone (W): _____ Cell : _____

League Preference : (circle one)

1. Men's Open
2. Closed
3. Coed
4. Church
5. Women's
6. 30+

Each team **must** submit a roster to the Athletics Office before their first game.

Team Status :

Returning Combination of Past Teams New Team

League: _____

Finish: _____

Special Scheduling Request: If you have a request please note below, this may result in a team being moved up in skill level.

Please initial here if you give permission for your address and/or telephone numbers to be given out to anyone requesting them for any reason. INITIALS: _____



Athletics Department

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parks.raleighnc.gov/athletics